

Multicultural and Diversity Considerations in the New Code of Professional Ethics for Rehabilitation Counselors

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As the demographic transformation of the U.S. population continues, the challenges of multicultural and diversity-based considerations remain a central focus, as does the need to incorporate cultural competencies into the practice of rehabilitation. The Commission on Rehabilitation Counselor Certification's 2010 *Code of Professional Ethics for Rehabilitation Counselors* offers guidance for the practice of professional conduct and ethical decision making when one is working with individuals from culturally diverse groups and backgrounds. The revised code sets the expectation that the culturally competent rehabilitation counselor will develop interventions and services that are congruent with the client's values and cultural context.

Keywords: culturally diverse, cultural competence, multicultural

One of the top 10 changes in the Commission on Rehabilitation Counselor Certification's (CRCC's) 2010 *Code of Professional Ethics for Rehabilitation Counselors* is the new standard and requirement for cultural competence and/or diversity. Cultural diversity themes are addressed throughout the code, including an entry in the glossary that delineates the principle of inclusion in its definition of *culturally diverse* and encompasses "age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law" (p. 35). Several factors serve as the driving force for articulating specific guidelines that ensure that rehabilitation practitioners demonstrate appropriate culturally competent conduct in their practice.

First, as globalization and the demographic transformation of the U.S. population continue, the challenges of multicultural and diversity considerations and the heightened focus on diversity have created a compelling mandate for attaining inclusive environments (Chun & Evans, 2009; Perez & Hirschman, 2009; Zinn & Eitzen, 1993). To address the impact of increased di-

versity in the counseling profession, Sue et al. (1982) recommended a model identifying minimal competencies for counselors to skillfully and knowledgeably serve clients from culturally diverse backgrounds. The model was based on three characteristics of culturally competent counselors: *awareness*, which emphasizes the understanding that cultural factors such as race, gender, and class have a substantial impact on human development and the counseling process; *knowledge*, namely about the ways in which cultural processes affect different groups (e.g., the effects of social stratification, acculturation, immigration, historical factors, institutional structures, individual meaning making); and *skills*, including the ability to effectively integrate the impact of cultural factors when sending and receiving verbal and nonverbal messages. Thus, culturally competent counselors are defined as those who have self-awareness of values and biases, who understand clients' worldviews, and who intervene in a culturally appropriate manner (Sue & Sue, 2003).

Second, several researchers have suggested that lack of cultural competence is one reason that individuals from racially, ethnically, linguistically, and culturally

diverse groups underutilize rehabilitation counseling services (Atkins & Wright, 1980; Bowe, 1984; Jacobs, Wissusik, Collier, Stackman, & Burkeman, 1992; Moore, 2001; Patterson, Allen, Parnell, Crawford, & Beardall, 2000; Rimmerman, Botuck, & Levy, 1995; Wilson, 2002). Even when individuals from culturally diverse groups do access services, they experience differential treatment in the rehabilitation service delivery system. In a recent comparative study, Hopkins and Mwachofi (2009) confirmed that there were significant access and outcome differences between White and non-White consumers served in the state-federal vocational rehabilitation system following the 1998 amendments to Section 21 of the Rehabilitation Act through the 2008 fiscal year. In fact, significant differences were found between White and non-White consumers' waiting and service periods; more per capita was spent on White consumers than on non-White consumers (particularly, African Americans, American Indians, non-White Hispanics, and Hawaiians); African Americans' and American Indians' consumer access to higher-quality services was worse in 2007 than 1997; and American Indians and African Americans had the smallest proportion of successful employment outcomes at closure.

Third, criticisms have been directed against current codes of ethics, in terms of lagging behind in providing ethical principles and values that recognize and respect cultural differences (Frame & Williams, 2005). Additionally, a direct appeal was published, calling for action to endorse professional multicultural rehabilitation competencies (Middleton et al., 2000). The CRCC responded to this call by infusing cultural diversity and multicultural themes throughout the revised code of ethics.

The purpose of this article is to identify and highlight some of the changes in the CRCC's 2010 *Code of Professional Ethics for Rehabilitation Counselors*. The revised code offers guidance for the practice of acceptable professional conduct and ethical decision making when one is working with individuals from culturally diverse groups. Throughout the code, specific attention is paid to include cultural diversity issues as key aspects of rehabilitation practitioners' roles and ethical responsibilities in counseling, assessment/evaluation, supervision, and teaching. Portions of the revised code are highlighted; however, readers are encouraged to study the revised code in its entirety. For ease of reference, Table 1 highlights features of the code as they relate to cultural and diversity considerations.

Preamble

The updated preamble articulates the basic expectation that rehabilitation counselors demonstrate cultural competence (i.e., awareness, knowledge, and skills) in providing direct and indirect services and in

working collaboratively with diverse groups of individuals. Furthermore, it identifies the obligation that rehabilitation counselors have to "recognize diversity and embrace a cultural approach in support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context" (p. 1).

Consistent with the values and ethical principles underlying the revised 2010 code of ethics, rehabilitation counselors are expected to demonstrate their commitment to appreciate the diversity of human experience and culture. The description of autonomy has been broadened to include heightened sensitivity to valuing and "respecting the rights of clients to be self-governing within their own social and cultural framework" (p. 35).

Section A: The Counseling Relationship

The counseling relationship is critical in the professional scope of practice of the rehabilitation counselor. As such, the revised code specifically delineates the expectation that the rehabilitation counselor demonstrate "respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions" (A.2.a). Additionally, nondiscrimination is now clearly defined for the rehabilitation counselor to "not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law" (A.2.b).

Culturally competent counselors consider the personal and cultural context of clients when addressing informed consent to ensure an informed decision can be made. Therefore, the revised code specifies that "rehabilitation counselors communicate information in ways that are both developmentally and culturally appropriate" (A.3.c) to ensure client comprehension.

The revised code sets the expectation that the rehabilitation counselor will recognize the client's cultural perspective with regard to gifts as well as ending the counseling relationship, whereas the previous code did not address such cultural implications. Rehabilitation counselors are expected to demonstrate an understanding of "the challenges of accepting gifts from clients and [to] recognize that in some cultures, small gifts are a token of respect and gratitude" (A.5.g); that is, before accepting or declining gifts, rehabilitation counselors need to take into account the cultural or community practice. The revised code addresses termination and referrals by setting the expectation that the rehabilitation counselor recommends other clinically and culturally appropriate service sources when necessary; again, the previous code did not address

Table 1
Multicultural and Diversity Features of the 2010 Code of Professional Ethics for Rehabilitation Counselors

Section	Feature
Preamble	Articulates basic expectation for cultural competence in service provision Broadens definition of autonomy
Section A: The Counseling Relationship	Delineates expectation of respect for cultural background of clients Clearly defines nondiscrimination Sets expectation to recommend culturally appropriate service sources, when necessary
Section B: Confidentiality, Privileged Communication, and Privacy	Establishes expectation regarding cultural meanings of confidentiality and privacy
Section C: Advocacy and Accessibility	No significant changes that address diversity and/or multiculturalism
Section D: Professional Responsibility	Addresses professional competence pertinent to working with diverse client populations
Section E: Relationships With Other Professionals	Sets expectation of respect for different approaches, traditions, and practices to counseling services Provides for informed consent in consultation
Section F: Forensic and Indirect Services	Expands and clarifies role expectation and conduct in forensic settings Distinguishes between client and evaluatee in forensic settings
Section G: Evaluation, Assessment, and Interpretation	Expands importance of considering diversity issues in evaluation, assessment, and test interpretation
Section H: Teaching, Supervision, and Training	Addresses the role of cultural diversity in supervisory relationships
Section I: Research and Publication	No significant changes that address diversity and/or multiculturalism
Section J: Technology and Distance Counseling	Sets expectation for conduct and ethical responsibilities in addressing cultural diversity issues when using technology and distance counseling
Section K: Business Practices	No significant changes that address diversity and/or multiculturalism
Section L: Resolving Ethical Issues	No significant changes that address diversity and/or multiculturalism

the cultural implications of ending the counseling relationship.

Section B: Confidentiality, Privileged Communication, and Privacy

The culturally competent rehabilitation counselor is expected to maintain beliefs, attitudes, knowledge, and skills regarding the cultural meanings of confidentiality and privacy. The revised code therefore establishes expectations for protecting confidentiality and for providing ongoing discussions with clients regarding how, when, and with whom information is shared. Furthermore, the revised code sets the expectation that rehabilitation counselors are to be "sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law" (B.5.b). The previous code did not address the impact of the family or the culture of the client with regard to confidentiality. The revised code, in response to Frame and Williams (2005), now addresses the ethical principles and values that recognize and respect cultural differences.

Section D: Professional Responsibility

The updated code addresses professional competence with the expectation that rehabilitation counselors will not discriminate and will practice only within the boundaries of their competence, which includes a demonstration of beliefs, attitudes, knowledge, and skills pertinent to working with diverse client populations (D.1.a). The previous code simply encouraged the counselor to be aware, whereas the revised code sets forth specific expectations. Furthermore, the code specifies that culturally competent counselors recognize the need for continuing education and keeping current with the diverse populations and specific populations with whom they work. Additionally, the revised code sets forth the expectation for the rehabilitation counselor to "develop and adapt interventions and services to incorporate consideration of the cultural perspective of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes" (D.2.a). Section D.2 is a new section that addresses diversity, nondiscrimination, and the culturally competent counselor.

Section E: Relationships With Other Professionals

The revised code sets the expectation that rehabilitation counselors be respectful of approaches to counseling services that differ from their own and of traditions and practices of other professional groups will

which they work (E.1.a). The culturally competent rehabilitation counselor provides for informed consent in consultation, which includes, per the revised code, an "attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees" (E.2.c). The previous code did not address cultural issues in terms of the counselor interacting with other professionals; so, these additions bring a new expectation for the rehabilitation counselor, which addresses the direct call for action regarding professional multicultural rehabilitation competencies (Middleton et al., 2000).

Section F: Forensic and Indirect Services

Unlike the previous code, with general guidelines for counselors providing forensic evaluation, the revised code not only expands and clarifies the role expectations and conduct of rehabilitation counselors in forensic settings but also distinguishes the client and the evaluatee (F.1). The code sets forth the expectation that rehabilitation counselors will obtain written consent for evaluation, unless consent is not possible owing to cultural, clinical, or legal reasons (F.1.b). This new section addresses forensic competencies and conduct that is unbiased and objective. Specifically, the code calls attention to the fact that rehabilitation counselors "recognize that their own personal values, moral beliefs, or personal and professional relationship . . . may interfere with their ability to practice competently" (F.2.d).

Section G: Evaluation, Assessment, and Interpretation

Although the previous code called attention to addressing the roles and ethical responsibilities of rehabilitation counselors in evaluation, assessment, and test interpretation with culturally diverse clients, the revised code expands on the importance of rehabilitation counselors' giving careful consideration to cultural diversity issues as they implement these responsibilities. For example, "rehabilitation counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups. Rehabilitation counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to clients or others" (G.3.c).

Cultural competence is required in each area of responsibility, such as selecting assessment techniques, administering and interpreting assessment tools, making recommendations based on assessment results, making diagnoses, and releasing information. The culturally competent rehabilitation counselor considers the personal and cultural contexts of the clients, his or her level of understanding in terms of the

results, and the impact of the results on the clients. Culturally competent rehabilitation counselors recognize the need to work with legally authorized representatives on behalf of those clients who cannot give informed consent as a result of their developmental level. Additionally, culturally competent rehabilitation counselors explain, in the language of their clients, the nature and purposes of assessment and the specific use of the results.

Section H: Teaching, Supervision, and Training

The revised code added a new section to address the role of cultural diversity in the relationship between the rehabilitation counselor supervisors and supervisees. Rehabilitation counselor supervisors and educators recognize the cultural significance of relationships in many culturally diverse communities. They therefore engage in open discussions about the nature and limitations of consensual additional roles before initiating potentially beneficial relationships with supervisees and trainees (H.3.h). "When cultural, ethical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, rehabilitation counselor supervisors make appropriate referrals to possible alternative supervisors" (H.4.d). As in the previous code, to assist in the development of professional rehabilitation counselors who will work in globally diverse environments, culturally competent rehabilitation counselor educators actively recruit and retain diverse faculty and students in their programs. Culturally competent rehabilitation counselor educators also incorporate cultural diversity in their training and supervision practices.

Section J: Technology and Distance Counseling

Recognizing today's advanced use of technology and distance counseling, this revised section of the code provides guidance on the expected conduct and ethical responsibilities of rehabilitation counselors in addressing diversity issues. Whereas the previous code set expectations for rehabilitation counselors who practice through Internet sites—namely, that they should provide information about themselves that would be available if the counseling were taking place face-to-face (e.g., ethnicity, gender)—the revised code extended expectations that counselors "strive to provide translation and interpretation capabilities for clients who have a different primary language, and discuss time zone differences, local customs, and cultural or language differences that might impact service delivery" (J.13.b-c).

Conclusion

The revised code sets the expectation that the culturally competent rehabilitation counselor will develop interventions and services that incorporate consideration of clients' cultural perspectives, as well as recognition of external cultural/diversity barriers. The rehabilitation counselor needs to respect the cultural values of clients, and when the values of the counselor and the client are not congruent the culturally competent counselor should try to engage in respectful dialogue to clarify the values and to seek a solution that satisfies the counselor and the client (Knapp & VandeCreek, 2007). The revised code unequivocally addresses the expectation that the certified rehabilitation counselor will respect culture and not discriminate within the counseling relationship.

The CRCC's 2010 *Code of Professional Ethics for Rehabilitation Counselors* addresses the expectations set forth by Sue and Sue (2003) that culturally competent counselors have self-awareness of values and biases, understand client worldviews, and intervene in a culturally appropriate manner. Additionally, in response to the call to action from Middleton et al. (2000), the preamble of the revised code sets the expectation for rehabilitation counselors to fulfill the commitment to recognize diversity and embrace a cultural approach in support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context. When rehabilitation counselors meet this commitment, they show their appreciation for the diversity of the human experience and culture and are then able to honor the counseling relationship.

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